

CLAIMS ONLY						Application Number 10-830149	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
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9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21			1				
22				1			
23							
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33							
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41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep			1				
Total Depend			13				
Total Claims			14				